

Draft for Discussion

Community Health Workers/Health Outreach Workers in Montana

2013 Assessment by Teresa Hicks, MT Area Health Education Center

Seven Expanded Food and Nutrition Education Program (EFNEP) part time nutrition educators have been in used in Montana for 45 years. The nutrition educators teach low income families nutrition and basic cooking skills based on the dietary guidelines. The EFNEP program is through Montana Extension, Montana State University.

Head Start- Health and wellness specialist and health and nutrition specialist conduct home visits with parents across Montana. In Early Head Start Health and wellness specialists provide health and breastfeeding, health and nutrition education to pregnant women and families of infants and toddlers age 0-3. In Head Start, health and wellness educators work with families to make sure children get immunizations, well child checks, dental care and health resources related to specific child health needs. They also provide height, weight, eye and hearing screens.

CHWs in Migrant health are known as outreach workers and have been around since the 1970s. The Migrant program provides services to all agricultural workers, including ranch hands, sheep herders, sugar beets worker, cherries pickers, etc.. The program has 5 year round FTEs and numerous FT and PT seasonal workers (exact numbers vary depending on the number of hours PT employees are able to commit to). One example: in the Flathead during cherry picking season, Migrant Health employed 8 outreach workers to help connect migrant workers, and the growers they work for with available community health services. Outreach workers help to form networks in communities between the growers, community resources and the migrant workers. They also provide health promotion information directly to migrant workers, and depending on the skill level of outreach workers, have done some screens such as HIV oral swabs.

Indian Health Service has used CHWs known as Community Health Representatives (CHRs) on reservations since 1968. Each reservation has CHRs. Blackfeet reservation alone has 17 CHRs. CHRs in MT conduct home visits where they provide education on: preventative health topics, bed bug education, maternal child health, immunizations, meth recovery, HIV, diabetes, hepatitis C, etc. The CHR is responsive to the current health education needs of the reservation. If there is a pressing issue, the CHRs will receive training to address the issue. CHRs also conduct other health activities outside of education such as: needle exchange, providing condoms, arranging transportation to clinic visits. They hold community screenings for blood pressure, blood glucose. Additionally CHRs are trained to respond to outbreaks, for example West Nile virus and conduct environmental health screens. For example, CHRs on some reservations will go into homes to look for mold.

Community Outreach Associates in urban Indian Clinics help provide transportation, lead exercise classes, and help connect people with important social services they need to be healthy. The best type of person to be a Community Outreach Associate was described as “someone who understands it takes more than going to the doctor to be healthy.... Its having a job, housing, transportation, mental health.. someone who understands the idea of wellness.”

WIC educators and WIC aides, often conduct multiple duties. They answer phones, make appointments, provide nutrition education to families, and provide data to the state and federal WIC programs. WIC educator and aides provide nutrition education to pregnant women and families with children age 0-5. They also provide education and assistance with breastfeeding. WIC educators and aides conduct height, weight and hemoglobin screenings.

Resource advocates for the Area Agencies on Aging (there are 10 areas in MT), help seniors understand how to take prescriptions and help them fill out and understand medicare paperwork. The position has been around for 10 years, but the name was changed from a “hard to stand acronym” to Resource Advocate in the last 6 months, to help clients better understand the CHWs role.

Community Health Workers have been trained for frontier critical access hospitals through the **Care Coordination Project, Frontier Community Health Integration Project**, funded through the Federal Office of Rural Health Policy to the Montana Health Research and Education Foundation. The CHWs work part time for the CAH, with clients who have been identified as needing care coordination. The CHWs work with a centrally located nurse care coordinator at MHREF.

Of the three community health centers that have been surveyed, no centers had yet to hire a CHW, but all three had a plan to hire one or more CHWs within the year. Of the community health centers that we were able to communicate with, the plan is to have CHWs who can help clients fill out paperwork, navigate the health care system and to link uninsured with healthcare coverage.

Nearly everyone from every sector, stated that the best CHW is one who knows and understands their community. Someone with good communication skills, is a problem solver and is non-judgmental.

Training needs varied, but the most common themes were computer skills training, medical terminology, and a basic understanding of how chronic disease is managed.